



**Royal
Academy
of
Music**

President:
HRH The Princess of Wales

Principal:
Lynn Harrell

**JUNIOR
ACADEMY**

Jonathan Willcocks
Director, Junior Academy

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LONDON NW1 5HT

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***A First
Musical
Experience***



A FIRST MUSICAL EXPERIENCE

Following the successful introduction of junior courses for young string players aged 5 - 11, the Royal Academy of Music is launching a new **FIRST MUSICAL EXPERIENCE** opportunity.

This course will begin in September 1994 and will be appropriate for children aged 4 - 5. Sessions will take place at the Royal Academy of Music on Tuesday afternoons from 3.00 - 3.45 pm. There will be three terms of ten weeks, coinciding with the basic school terms.

The sessions will concentrate on initial musical development, working imaginatively with pitch, rhythm and movement. It will be essential for a parent to accompany each child to these sessions. The course will provide an ideal preparation for subsequent instrumental tuition, either on the First String Experience course or elsewhere.

The First Musical Experience will be led by Wendy Max (Course Director) and Cecily Mendelssohn.

Fees for September 1994 - July 1995 will be £45 per term (£135 per annum). Fees are payable termly in advance on receipt of an invoice. A full term of advanced notice in writing is required for withdrawal of pupils, or fees are payable in lieu of such notice.

APPLICATIONS

Places available on the course are limited and may be reserved by returning the application form together with a deposit of £15 which will be credited against the first term's invoice.

A FIRST MUSICAL EXPERIENCE

APPLICATION FORM

Please return to:

Junior Academy
Royal Academy of Music
Marylebone Road
London NW1 5HT

Name of child (underline surname):

Date of birth:

Name of parent (or guardian):

Address:

Home telephone no:

How did A FIRST MUSICAL EXPERIENCE come to your attention?

I would like to reserve a place on **A FIRST MUSICAL EXPERIENCE** for September 1994. I enclose a cheque for £15 (payable to Junior Academy) which I understand will be credited against the first term's invoice.

Signed:

Date:

A FIRST MEDICAL EXPERIENCE

APPLICATION FORM

1. Name (Last, First, Middle Initial): _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Telephone: _____

5. How did you learn of this program? _____

6. How do you feel about this program? _____

7. How do you feel about the staff? _____

8. How do you feel about the facilities? _____

9. How do you feel about the food? _____

10. How do you feel about the nursing staff? _____

11. How do you feel about the doctors? _____

12. How do you feel about the other staff? _____

13. How do you feel about the overall experience? _____

14. How do you feel about the future of the program? _____

15. How do you feel about the future of the hospital? _____

16. How do you feel about the future of the community? _____

17. How do you feel about the future of the world? _____

18. How do you feel about the future of the universe? _____

19. How do you feel about the future of everything? _____

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